

BARBARA K. CEGAVSKE Secretary of State **Elections Division** 101 North Carson Street, Suite 3 Carson City, Nevada 89701-3714

Phone: (775) 684-5705 Fax: (775) 684-5718 Website: www.nvsos.gov

State of Nevada **Committee for Political Action**

(PAC)

Registration Form Page 1

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SECRETARY OF STATE ELECTIONS DIVISION

Registration Form Page 1			4	2390
New Registration	PAC (Advocating E	- Passage or Defeat of		ICE IS FOR OFFICE USE ONLY
				')
Annual (Due on or before	January 15th of each yea	r; NRS 294A.230(4)(b))	
Amended Registration: check all that apply	Change Officers	Change Regis	tered Agent	Change Address
onour an inat appry	Change Name	vious Name of PAC		
	Other:			
Name of Committee:			Tele	phone:
Women's Empowerment PAC			702-5	569-3794
Mailing Address:				
6233 Dean Martin Drive	Las	Vegas	NV	
Street Name, Number	City		State	Zip Code
PAC Active Email Address: jo	oyce@joycewoodhouse.com			
To support political candidates ar	io campaigns.			
REGISTERED AGENT: pursu agent, as provided in NRS 14.				
Name of Registered Agent:			Tele	phone:
No change			·	
Physical Address:				
Street Name, Number	City		State	Zip Code
REGISTERED AGENT ACCE Committee for Political Action.		t appointment as Re	gistered Agent fo	r the above-named
X signature on.		Date:	3/15/16	



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Registration Form

Page 2

OFFICERS: List the name, title, address and telenecessary).	ephone number of each officer (attach	additional pages if
Officer Name and Title:		Telephone:
Joyce Woodhouse - President		702-569-3794
Mailing Address:		102 000 0101
1000 N Green Valley Parkway, Suite 440 #362	Henderson	NV 89074
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
Officer Name and Title:		Telephone:
Mailing Address:		
Street Name, Number	City	State Zip Code
AFFILIATIONS: If the PAC is affiliated with any	other organizations, list the name, add	
	other organizations, list the name, add	
AFFILIATIONS: If the PAC is affiliated with any of each organization (please attach additional page	other organizations, list the name, add	lress and telephone number
AFFILIATIONS: If the PAC is affiliated with any of each organization (please attach additional page) Name of Organization:	other organizations, list the name, add	lress and telephone number
AFFILIATIONS: If the PAC is affiliated with any of each organization (please attach additional pagname of Organization: Mailing Address:	other organizations, list the name, add ges if necessary).	ress and telephone number Telephone:
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EL400 Revised: 11-5-15

Signature of Representative of Group

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